

FORM 5A Rev 02/08

State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with columns DE, ET, OE, ES

Document Number: 2590851

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100185 4. Contact Name: SHEILA REED-HIGH 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678 City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-30802-00 6. County: WELD 7. Well Name: IONE Well Number: 6-0-2 8. Location: QtrQtr: NENE Section: 2 Township: 2N Range: 66W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 08/27/2010 Date of First Production this formation: Perforations Top: 7416 Bottom: 7640 No. Holes: 120 Hole size: Provide a brief summary of the formation treatment: Open Hole: []

CDL-NBRR COMPLETION SET CFP @ 7730'. 08-27-10. FRAC'D THE CODELL WITH 48,258 GAL 22 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 4,100 # 30/50 SAND. 08-27-10 SET CFP @ 7530'. 08-27-10. FRAC'D THE NIOBRARA WITH 136,710 GALS 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 246,300 # 30/50 SAND. 08-27-10

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: Hours: Bbls oil: Mcf Gas: Bbls H2O: Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: BTU Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt Bridge Plug Depth: Sacks cement on top:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: J-NIOBRARA-CODELL Status: COMMINGLED

Treatment Date: 08/27/2010 Date of First Production this formation: _____

Perforations Top: 7416 Bottom: 8138 No. Holes: 200 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

JSND-CDL-NBRR COMINGLE
SET CBP @ 7350'. 09-01-10. DRILLED OUT CBP @7350', CFP @ 7350' AND CFP @ 7730' TO COMINGLE THE JSND-CDL-NBRR. 09-02-10

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/30/2010 Hours: 24 Bbls oil: 127 Mcf Gas: 434 Bbls H2O: 55

Calculated 24 hour rate: _____ Bbls oil: 127 Mcf Gas: 434 Bbls H2O: 55 GOR: 3417

Test Method: FLOWING Casing PSI: 1912 Tubing PSI: 1586 Choke Size: _____

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 0 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8052 Tbg setting date: 09/02/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/27/2010 Date of First Production this formation: _____

Perforations Top: 8076 Bottom: 8136 No. Holes: 50 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

J SAND COMPLETION
FRAC THE J-SAND WITH 154,056 GAL 18 # VISTAR HYBRID CROSS LINKED GEL CONTAINING 248,860 # 20/40 SAND. 08-27-10

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 11/10/2010 Email SHEILA/REEDHIGH@ENCANA.COM
:

Attachment Check List

Att Doc Num	Name
2590851	FORM 5A SUBMITTED
2590852	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)